

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 14 1997 8:00am
Secretary of State

DOCUMENT # 849922

(0)

1. Corporation Name

FARMLAND SECURITIES COMPANY

Principal Place of Business

3315 N OAK TRAFFIC WAY
KANSAS CITY MO 64116-2775
US

Mailing Address

3315 N OAK TRAFFIC WAY DEPT 54
KANSAS CITY MO 64116
US

3. Date Incorporated or Qualified

08/05/1981

3a. Date of Last Report

03/04/1996

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

43-1046827

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DP	<input type="checkbox"/> DELETE
NAME	KEITH R. VICKERS	
STREET ADDRESS	3315 N. OAK TRAFFICWAY	
CITY-ST-ZIP	KANSAS CITY OH	
TITLE	DC	<input type="checkbox"/> DELETE
NAME	BERARDI, JOHN F	
STREET ADDRESS	3315 N OAK TRAFFICWAY	
CITY-ST-ZIP	KANSAS CITY, MO	
TITLE	DST	<input type="checkbox"/> DELETE
NAME	BARGREDE, JAMES	
STREET ADDRESS	3315 N OAK TRAFFICWAY	
CITY-ST-ZIP	KANSAS CITY, MO	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	CAMPBELL, TERRY M.	
STREET ADDRESS	3315 N. OAK TRAFFIC WAY	
CITY-ST-ZIP	KANSAS CITY MO	
TITLE	DAS	<input checked="" type="checkbox"/> DELETE
NAME	STABLEYA, RIEMANN	
STREET ADDRESS	3315 N. OAK TRAFFICWAY	
CITY-ST-ZIP	KANSAS CITY OH	
TITLE	DAS	<input type="checkbox"/> DELETE
NAME	WALTHER, CURTIS	
STREET ADDRESS	3315 N. OAK TRAFFIC WAY	
CITY-ST-ZIP	KANSAS CITY MO	

1.1 TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Kuykendall, Jerry D.	
5.3 STREET ADDRESS	3315 N. Oak Trafficway	
5.4 CITY-ST-ZIP	Kansas City, MO 64116	
6.1 TITLE	DAT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

James W. Bargfrede
Secretary/Treasurer

3/26/97

816/459-5137

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

0527948

CR2E034 (9/96)